

PHIP Learning Management System Selection Subcommittee Charter DRAFT 1/24/2004

Purpose	<p>To provide information for the recommendation of a Learning Management System (LMS) vendor. The implementation of an LMS is both a PHIP Workforce Development objective and a Washington Department of Health required activity in the FY 2003-2004 CDC/HRSA Emergency Preparedness and Response Cooperative Agreement.</p> <p>An LMS is software that automates the administration of training events. It registers users, tracks courses in a catalog, records data from learners and provides reports. It is typically designed to handle courses by multiple publishers and multiple providers.</p> <p>The proposed LMS will allow state and local public health system administrators (those staff identified to be LMS application administrators) to track, manage and plan education and training, educational resources and professional development for the entities they support. It will provide:</p> <ul style="list-style-type: none">• Registration of staff for education, training, exercises and drills;• Transcripts (ongoing) of staff education, training, exercises and drills;• Sharing of learning resources and best practices across the state;• Rapid assessment functions to determine learning gaps and target performance improvement for areas deemed critical for the protection of the citizens of Washington state;• Course competency identification;• Development, customization and delivery of on-line learning products;• Administrative reporting of education, training, exercises and drills data; and• Educational and performance improvement planning for managers and staff.
Scope	<p>The scope of this initiative is to compare and contrast data from a short list (4 or 5) of vendors that have been prequalified by DOH staff. The subcommittee will analyze the features and cost benefits of each vendor to make a recommendation to the Washington Department of Health to provide education tracking and management functions for the public health workforce.</p> <p>The priority segment of the workforce for the first phase of implementation will include those employed by state and local health jurisdictions. Other stakeholders may be included in future phased implementation plans.</p>
Out of Scope	<p>While the WA Department of Health is committed to working through a selection process with partners and stakeholders, the department retains the responsibility for the final selection decision.</p>

Background	<p>The Department of Health currently maintains the Washington Public Health Training Network (WAPHTN), a system linking people in the state who are working toward public health goals by improving their knowledge, skills and understanding. It is a network of people and interdependent activities for developing and delivering high-quality public health improvement education and training to a diverse group of Washington state and community health workers. WAPHTN is a primary link to the CDC's national Public Health Training Network, which focuses on training opportunities through a variety of distance learning formats and modalities.</p> <p>Included within WAPHTN is an on-line registration and lending library system. Over the past eight months, WAPHTN has been enhanced several times – most recently to increase the visibility of training resources via an Internet application. Enhancements have also been made to enable local administrators (Regional Learning and Support Specialists) to remotely manage areas of education and training that pertain to their regions of responsibility.</p>
Problem Statement	<p>With the increasing number of emerging diseases, the threat of bioterrorist events and numerous other public health emergencies that arise, a system for delivering content and tracking that delivery as relates to individual learner competencies must exist to rapidly target, inform and educate the public health workforce. While WAPHTN can track organizational education and training offerings, it is unable to provide the following required functions:</p> <ul style="list-style-type: none"> • Tracking of individual learner education and training records; • Administration and management of educational programs at the local level; • Identification of organizational, course or individual competencies; • Individual or organization assessment functions; • Identification of learning and skills gaps; • Delivery and management of education and training content; • Content authoring; • Sharing of best practices; and • Collaborative work tools.
Assumptions	<ul style="list-style-type: none"> • Training of a geographically dispersed public health workforce will continue to be required. • Training for public health emergency preparedness and response, including bioterrorism, will continue to be required. • The need for determining the competency of the public health workforce will continue. • The need to quickly identify specific skill sets within the public health workforce will become a higher priority, especially during an emergency. • The need to rapidly mobilize individuals within the public health workforce to accomplish specific goals will become a much higher priority. • The need to deliver web-based training for efficiency and just-in-time training will become a higher priority. • The need to justify education and training value and return on investment will become a higher priority.

Requirements	<ul style="list-style-type: none"> • Timeline for completion of LMS selection (see attachment) • Established functionality requirements for providing education, training, exercises and drills tracking, management, planning and reporting (see attachment). • Established core data elements for collection of learning data (see attachment). • The selection and implementation of an LMS to meet the requirements of the CDC/HRSA FY2003-2004 grant. 	
Business Drivers / Benefits	<ul style="list-style-type: none"> • The LMS will serve as a platform for delivery of learning modules and will provide a mechanism to leverage learning, workplace performance and identification of qualifications. • The LMS will provide the mechanism for staff development in all critical public health competencies. • Aggregated information from this system will facilitate decisions about staff development. • The LMS will also have the capability to provide generic and customized reports for DOH divisions, LHJs, individual work units and CDC-required data reporting. • A better, more robust mechanism is required to track and manage education and training for members of the public health workforce. • The capability must exist to enable public health leadership at both state and local levels to rapidly determine members of the public health workforce that possess the skill sets needed to respond to emergencies. 	
Proposed Timeline	See Attached	
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Attachments:

Matrix of functionality requirements

Proposed Timeline

Proposed Core Data Elements